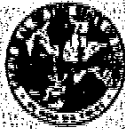


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morsham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 12 PM 10:00

DOCUMENT # **V47817** (4)

1. Corporation Name

**ADVANCED COMPUTER ENGINEERING, INC.**

Principal Place of Business

4367 N. FEDERAL HWY  
SE. 104  
FT. LAUDERDALE FL 33308  
US

Mailing Address

4367 N. FEDERAL HWY  
STE. 104  
FT. LAUDERDALE FL 33308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/06/1992**

3a. Date of Last Report  
**04/26/1994**

4. FEI Number  
**65-0348941**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

SCHNITZER, GERALD S.  
2801 E OAKLAND PARK BLVD  
SUITE 320  
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name **TYLER L. BURNS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1727 N VICTORIA PARK ROAD**  
83 ~~REDACTED~~  
84 City **FORT LAUDERDALE** FL 85 Zip Code **33305**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]* - President

**MARCH 3, 1995**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>D</b>                       |
| NAME            | <b>BURNS, TYLER L.</b>         |
| STREET ADDRESS  | <b>1727 N VICTORIA PARK RD</b> |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>        |
| TITLE           | <b>D</b>                       |
| NAME            | <b>BURNS, DIANE M.</b>         |
| STREET ADDRESS  | <b>1727 N VICTORIA PARK RD</b> |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>        |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                      |                                                                                         |
|---------------------|--------------------------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>P/M</b>                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            |                                      |                                                                                         |
| 1.3 STREET ADDRESS  | <b>4367 N FEDERAL HWY STE 104</b>    |                                                                                         |
| 1.4 CITY - ST - ZIP | <b>FT LAUDERDALE, FL 33308-5213</b>  |                                                                                         |
| 2.1 TITLE           | <b>V/D</b>                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            |                                      |                                                                                         |
| 2.3 STREET ADDRESS  | <b>4367 N FEDERAL HWY STE 104</b>    |                                                                                         |
| 2.4 CITY - ST - ZIP | <b>FT. LAUDERDALE, FL 33308-5213</b> |                                                                                         |
| 3.1 TITLE           |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME            |                                      |                                                                                         |
| 3.3 STREET ADDRESS  |                                      |                                                                                         |
| 3.4 CITY - ST - ZIP |                                      |                                                                                         |
| 4.1 TITLE           |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME            |                                      |                                                                                         |
| 4.3 STREET ADDRESS  |                                      |                                                                                         |
| 4.4 CITY - ST - ZIP |                                      |                                                                                         |
| 5.1 TITLE           |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME            |                                      |                                                                                         |
| 5.3 STREET ADDRESS  |                                      |                                                                                         |
| 5.4 CITY - ST - ZIP |                                      |                                                                                         |
| 6.1 TITLE           |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME            |                                      |                                                                                         |
| 6.3 STREET ADDRESS  |                                      |                                                                                         |
| 6.4 CITY - ST - ZIP |                                      |                                                                                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
**Tyler L. Burns**

*[Signature]* **January 26<sup>th</sup> 1995**

**305-351-5554**